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FACSIMILE TRANSMISSION COVER SHEET**Date:** September 20, 2004**To:** United States Patent and Trademark Office
Examiner: Chu, Chris C., Art Unit 2815**Fax:** (703) 872-9306**Re:** **Application Serial No.: 10/073,751**
Filing Date: 2/9/2002; First Named Inventor: Arjun Kar-Roy
Attorney Docket No.: 01CON211P**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 18**Message:**

Enclosed please find the Amendment and Response to the Final Office Action dated July 14, 2004.

Thank you.

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Attorney Docket No.: 01CON211P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Kar Roy, et al.SERIAL NO.: 10/073,751 FILED: February 9, 2002FOR: Method for Fabricating a Metal Resistor in an IC Chip and Related Structure

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Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- ☐ TOTAL EXTENSION FEE \$ 0.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

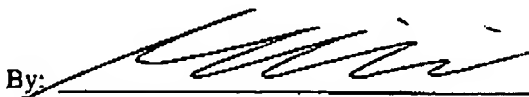
	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **27	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

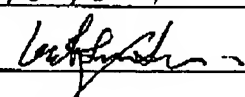
- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 01CON211P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 9/20/04By: 
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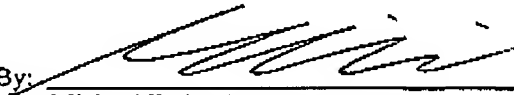
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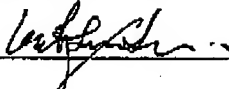
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